New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

November-December 1985

Unit coordinators have major responsibility for patient information

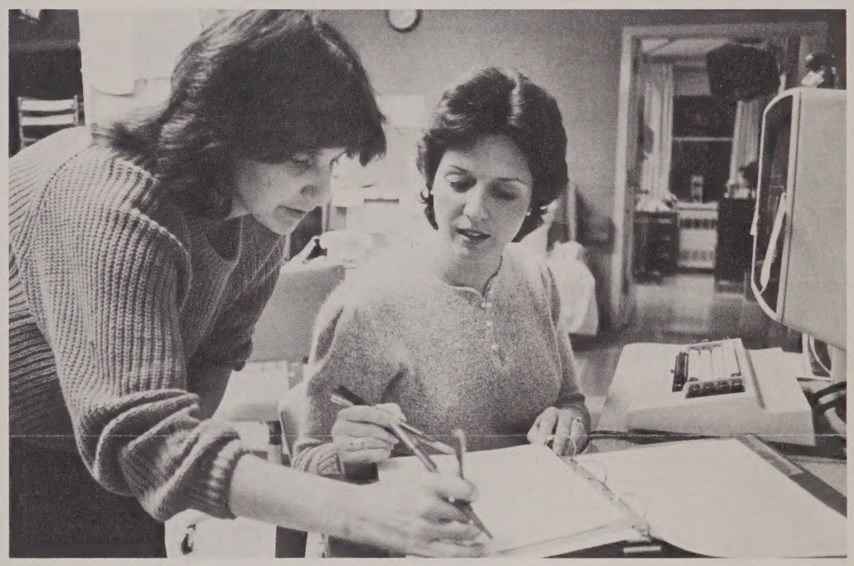
**"Coordinators . . . really administer the activity of the floor."
— Sally Lauletta, assistant training manager**

Delivering patient care in today's hospital has become a complicated business. High-technology diagnostic equipment and sophisticated lab tests produce volumes of data. Government regulations require increased efficiency and cost control in all aspects of hospital operations. The important tasks of handling and processing patient information and organizing patient schedules are carried out by the unit coordinators — formerly called unit secretaries — of the Service Coordination Department.

Service Coordination provides administrative support to all of the nursing units. Unit clerks are responsible for answering phones, maintaining medical records and general paperwork, and assisting patients' families and visitors. Unit coordinators work closely with the medical and nursing staffs, processing physician orders for patient care and making sure the information is transmitted to the appropriate departments.

A physician's orders for the care of a patient — which include things like medications, lab tests, x-rays, and dietary restrictions — are written on an order sheet that is part of the patient's chart. A single sheet contains many types of orders, and the coordinator is responsible for seeing that each order is carried out.

Coordinators enter information regarding a patient's medications and care requirements into Kardex files,



Mary Ellen DiBlasi (right), evening unit coordinator on Palmer 3, reviews an order sheet with unit clerk Helene Gove. Unit coordinators make sure that physicians' orders for patient care are carried out.

which are used as basic resources by the nurses. Many orders — such as dietary instructions and requests for lab tests, x-rays, or other diagnostic procedures — are entered into the ODISY computerized patient information system. ODISY transmits the orders directly to the department responsible for the requested service.

"Coordinators don't just pass the orders along," says Sally Lauletta, assistant training manager; "they are responsible for scheduling procedures and medications and making appointments for tests. They make sure nurses have the information they need and consult with doctors if details of the orders need to be clarified. They really administer the activity of the floor."

The volume of material processed by unit coordinators requires top organizational skills. Coordinators must work quickly and accurately, setting their

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Manheimer appointed Director of Human Resources

Dean Manheimer

Dean Manheimer has been named director of the NEDH Department of Human Resources. He will be responsible for the department's activities, which include employment, policy administration, compensation, employee relations, benefits, employee records, training, and employee recognition programs.

Previously with the human resources department at Dartmouth-Hitchcock Medical Center in Hanover, New Hampshire, Manheimer worked at the Deaconess for several years during the mid-70's.

"I'm glad to be back at the Deaconess," he says. "The hospital's tradition of excellent patient care and its commitment to progressive, humanistic values are major reasons why I chose to return.

"We are all aware that economic constraints have become a fact of life in health care delivery. As the hospital strives to enhance its productivity, our job will be to maintain the emphasis on quality care through the development of enlightened, flexible, responsive, and responsible personnel practices in all areas."

Manheimer is a graduate of the University of Wisconsin and has done graduate work at Boston College and the Amos Tuck School of Business Administration at Dartmouth University.

Nursing Service implements decentralized structure

The Department of Nursing Service recently completed an important step in its reorganization plan with the appointment of six directors of Nursing. Elizabeth Dunbar, R.N.; John Flaherty, R.N.; and Mary Jo St. Peter, R.N.; were named Medical/Surgical directors. Diane Gulczynski, R.N., was appointed director for Surgical Services; Suzanne Holloran, R.N., director for Staff Development and Research; and Elaine Sherwood, R.N., director for Critical Care.

Along with Sylvia Nott, R.N., director for Ambulatory Services, they will report to the new associate director and chief nursing officer, Judith Miller, R.N., who will come to NEDH in December. (See profiles of the directors below. A profile of Miller will appear in the January/February 1986 PULSE.)

These appointments represent a decentralization of operating authority for Nursing Service. In the past, nursing care coordinators supervised the head nurses. The coordinators reported to the associate director of Nursing Service, who had management responsibility for the entire department. Now the individual directors will be responsible for making the day-to-day decisions affecting their enlarged divisions and developing management skills in their head nurses.

Ellen D. Howland, R.N., retiring associate director and director of Nursing, and Lois Preston, R.N., retiring associate director of Nursing Service, have been staying on during the transition.

Howland says, "The nursing care coordinators were always involved in the management process, but under the new structure the directors will have an increased level of authority and accountability, reporting directly to the chief nursing officer. They will have the overall responsibility for their divisions' operations, including budgeting, nursing practice, and quality assurance. The staff assistants to the chief nursing officer will continue to coordinate the divisional activities to ensure consistency in standards, policies, and practices."

Another aspect of the reorganization brings all the hospital's nurses under the chief nursing officer. Previously the Ambulatory Services, Intravenous Therapy, and Surgical Services Departments reported to other associate directors. Nurses working in areas such as Radiation Therapy and the cardiac catheterization lab will report to one of the directors of Nursing.

"Communication within the department will be essential to the success of the new system, to ensure consistent policies," says Howland. "The directors are closer to what's happening on their units. They have the knowledge needed to solve the problems that are uniquely theirs. But no matter what the structure, the department's primary goal is unchanged, to provide the best possible care for the hospital's patients."

Directors of Nursing Elizabeth Dunbar, R.N., Medical/Surgical (near right); Jack Flaherty, R.N., Medical/Surgical (center right); and Diane Gulczynski, R.N., Surgical Services (far right).

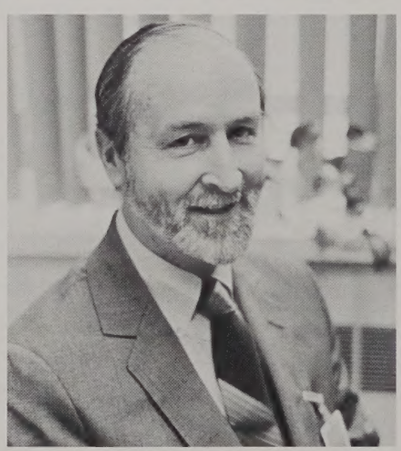
Elizabeth Dunbar, R.N. oversees Farr 7 and 8 (including the thoracic step-down unit), Palmer 5, and the nutrition support nurses. She is a graduate of the NEDH School of Nursing and, during several stages of her career, worked at the Deaconess as a staff nurse, assistant head nurse, and nursing care coordinator.

"I see decentralization as a way of making the head nurse position more responsible," she says. "Bringing more of the decision-making authority to that level should be a very positive step.

"I have a lot of fondness for the Deaconess. I first came here as a young person from Maine, and the hospital is still a friendly, comfortable place. There have been a lot of changes, but it has remained a fine institution. Although it's in a big city, it maintains a small-town feeling by consistently caring for its patients and employees."

Dunbar received bachelor's and master's degrees in nursing from Boston University.

John Flaherty, R.N., is responsible for the psychiatric units on Deaconess 4 and Baker 4, the Palmer 2 renal unit, Palmer 3 and 4, and the intravenous therapy nurses. He came to the Deaconess as a nursing care coordinator in 1976 and previously was director of the inpatient unit and day care program of the mental health center at Newport (Rhode Island) Hospital.



"I have enjoyed my years at the Deaconess, especially the high caliber of people I work with; and I look forward to the challenge of providing quality nursing care in a time of limited resources," he says. "Even with the major changes in reimbursement, our values are still the same – providing optimal care for patients and helping the staff feel proud of its work."

Flaherty has a B.S.N from Boston College, a master's in nursing from Case-Western Reserve University, and an M.B.A. from Suffolk University.

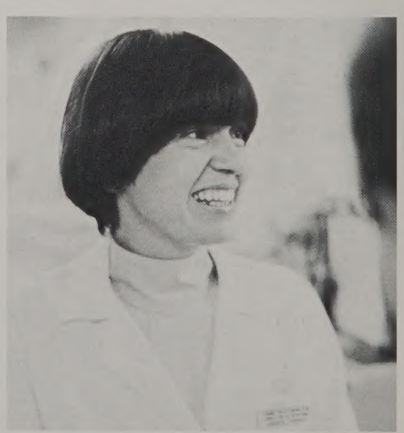
Diane Gulczynski, R.N., is in charge of the operating rooms and recovery room and will soon take responsibility for ambulatory surgery. Most recently, she had been nurse manager of the surgical service at Faulkner Hospital, but previously she was a long-time NEDH employee.

At the Deaconess, Gulczynski worked in the laboratory, central processing, and as an operating room technician before entering the School of Nursing in 1972. After receiving her diploma, she was a staff nurse, assistant head nurse, and head nurse in the operating room.

Gulczynski says, "The Deaconess is a unique setting which offers many opportunities for professional growth. The quality of care delivered here makes me proud to be a nurse.

"Our operating room and recovery room personnel are well versed in the demands of today's highly technical and sophisticated surgery," she says. "New technology enables us to care for patients that two or three years ago would not have had that second chance. I look forward to working with my colleagues to provide a cost-effective environment that does not compromise the quality of care. That will be our challenge."

In addition to her Deaconess diploma, Gulczynski holds bachelor's and master's degrees in management from Lesley College.

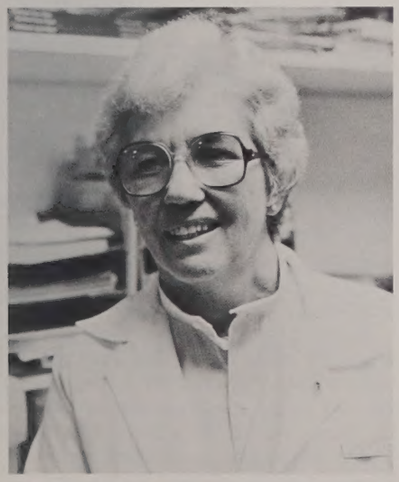


Suzanne Holloran, R.N., manages the orientation, continuing education, and research programs for the Department of Nursing. Previously coordinator of staff education for Nursing Service, she also has been an assistant instructor, instructor, and department head at the School of Nursing.

"We exist to serve the educational needs of the department by designing and conducting workshops, conferences, and symposia," Holloran says. "We've worked with our colleagues at the other Harvard teaching hospitals — Beth Israel, Brigham and Women's, Children's and Mass General — to set up a staff education consortium. This collaboration has allowed us to keep our costs down by sharing our people, programs, and resources while meeting mutual goals.

"The recent changes — decentralization and the DRG system — will make all of us look closely at our function and how we are serving the goals of the department. I think the result will be greater efficiency and productivity for everyone."

Holloran is a diploma graduate of the Shadyside Hospital School of Nursing in Pittsburgh and has bachelor's and master's degrees from Boston University, where she is currently a doctoral candidate.



Sylvia Nott, R.N., oversees the day care, gastrointestinal, chemotherapy, special dressing, and triage units; the dialysis units; the Employee Health Service; and the transplant and radiation therapy nurses. Before her appointment in August 1984, she was associate director of Nursing at North Adams (Massachusetts) Regional Hospital. She had been at NEDH previously as a clinical nurse specialist in rehabilitation.

"It's always been my philosophy to foster growth and leadership among the head nurses," she says, "to work together with them to identify issues and concerns and develop plans of action for solving problems. Decentralization is another step in that process. The importance of the ambulatory area is growing and will continue to grow. Our ability to handle these changes and challenges is a reflection of the wonderful leadership we've had in the past."

Nott says, "I've worked at many hospitals, and I've always been most impressed with the nursing care at the Deaconess. If I ever had to be a patient, this is where I'd want to be."

Nott received a B.S.N. from McGill University in Montreal, an M.S.N. from Boston University, and a master's in education in nursing administration from North Adams State College.

Mary Jo St. Peter, R.N., is responsible for the Farr 10 oncology unit, Farr 9 and 11, and the two Diabetes Treatment Units. She joined the Deaconess as a staff nurse on Palmer 5 and was an assistant head nurse and head nurse on Farr 11 and nursing care coordinator.

"I think the new system will let us be more responsive to staff needs and facilitate communication," she says. "We can assist the head nurses in developing their role of providing high-quality, cost-effective patient care — which is the real challenge that lies ahead of us.

"I came to the Deaconess because I was looking for a hospital with a reputation for good nursing, and I made the correct decision. I've also found a caring attitude here that is often missing at large institutions."

St. Peter holds a B.S.N. from the College of Mount St. Joseph in Cincinnati and a master's in education from Boston University.

Elaine Sherwood, R.N., is responsible for the intensive and coronary care units, the neurology cluster and progressive cardiac units on Farr 3, and the nurses in the cardiac catheterization lab. She came to the Deaconess in 1971 as a staff nurse in coronary care, and was subsequently unit teacher in the intensive and coronary care units and a nursing care coordinator.

Directors of Nursing Suzanne Holloran, R.N., Staff Development and Research (far left, top); Sylvia Nott, R.N., Ambulatory Services (far left, bottom); Mary Jo St. Peter, R.N., Medical/Surgical (center left); and Elaine Sherwood, R.N., Critical Care (near left).

"Our units have always been a little more independent than the med/surg units," she says, "but the new system is going to be a challenge for all of us. There will be increased responsibility — particularly to manage our own budgets in a cost-effective way — and accountability for decision making.

"I have several friends who are in leadership nursing positions at other Boston hospitals, and whenever I talk with them I hear that the Deaconess is looked on as very patient oriented. That's what makes us special and what we must not lose in this era of cost containment."

Sherwood has a B.S.N. from Georgetown University and a master's degree, with a specialty in cardiovascular nursing, from Boston College.

Paul Starr to speak at annual meeting

Paul Starr, Ph.D., Pulitzer Prize-winning author of *The Social Transformation of American Medicine,* will be the featured speaker at the 1985 annual meeting of NEDH Corp. The meeting will be held on January 14, 1986, at the Museum of Fine Arts.

Starr, now professor of sociology at Princeton University, previously was a member of the Harvard University faculty. He also has served as a fellow in Law, Science, and Medicine at Yale Law School and a member of Harvard's Society of Fellows, and spent a year at the Institute for Advanced Study at Princeton.

A noted expert on health care and public policy, Starr is author of a book about Vietnam veterans, *The Discarded Army,* and numerous articles for *The New Republic, The New York Times,* and other publications.

Laurens MacLure, president of NEDH Corp., says, "As one of our society's best chroniclers of the changing health care delivery system, Paul Starr's comments should be both timely and of great interest."

Starr's presentation will be part of a program highlighting the Deaconess's 90th anniversary, which takes place in 1986.

Employees honored for 40 years of service

Two Deaconess employees recently received service awards for 40 years of service to the hospital.

Muriel Bayne, R.N., is in charge of the electrotherapy unit on Deaconess 4. A graduate of the NEDH School of Nursing, she began as a staff nurse, and served as assistant head nurse, head nurse, and assistant night supervisor. In 1955 she transferred to electrotherapy, where she currently works part time.

Muriel Bayne, R.N., staff nurse in charge of electrotherapy.

"I was originally going to stay at the Deaconess for a year, and then go somewhere else to learn emergency nursing," she says. "But once you get here you find yourself progressing and staying on. The fact that so many Deaconess employees stay on for many years is a good recommendation.

"I've had very diverse jobs here and learned a lot — I've probably learned most on the job instead of in training sessions," Bayne says. "And I've always enjoyed taking care of people."

Sam Marotta has been the hospital barber for 40 years and remembers his first day on the job.

"I'd been a barber for 12 years but had never worked in a hospital before," he says. "They brought me up to the fourth floor, where Dr. Overholt's chest patients were. The man I was going to shave was in an oxygen tent and looked so frail, I wondered 'How am I going to do this?' I lathered him and shaved him, and I kept worrying if I was hurting him. When I finished he said, 'That's the best shave I ever had.' "

These days Marotta does 10 or 15 shaves or haircuts every day, either in the Barber Shop on Deaconess 1 or up in patient rooms. "I like to work here and I like the people," he says. "The time seems to fly by; there's rarely a slow day. I'm glad I spent the last 40 years here instead of anywhere else."

Hospital barber Sam Marotta in the Deaconess 1 Barber Shop.

Prospective Payment System instituted at NEDH

"Many people did a lot of hard work to get us ready, and I think they got us off to a good start."
— Richard Lee, hospital director

On October 1, NEDH and all Massachusetts hospitals were brought into the Medicare Prospective Payment System (PPS), which reimburses hospitals for caring for Medicare patients according to Diagnosis Related Groups (DRGs).

As reported in previous issues of PULSE, the hospital has been planning for the introduction of PPS for more than a year. The hospital's DRG committee has examined how the new system will affect the hospital and set up systems to assure compliance with the new regulations. An educational task force has targeted its efforts to physicians and others most involved with the program.

Richard Lee, hospital director, says, "We're in very good shape to handle the demands of the DRG system. Many people did a lot of hard work to get us ready, and I think they've got us off to a good start."

The most visible impact of PPS will be an increase in the amount and importance of paperwork physicians must complete. The physician's report will be used to determine a patient's DRG and, as a result, the amount the hospital is reimbursed for providing care. "Physicians also will have to think more carefully about the proper setting for patient care," Lee says. "It makes a bigger difference now whether or not it is appropriate for a patient to be in an acute care hospital."

However, the new system will not affect the quality of care Medicare patients receive at the Deaconess. "We have no intention of changing — in fact we'd be distressed if there were a change in our patient care," Lee says. "If a patient goes home from the hospital a day earlier, it will be because we've been able to decrease the time the patient has to wait for lab tests and other procedures or because we've done a better job of planning for that discharge."

PPS is expected to cause an overall reduction in Medicare payments to NEDH, because the hospital's high-intensity services usually result in costs that are higher than average DRG rates. The hospital is responding to this challenge by continuing its program of containing costs and improving efficiency. Efforts will concentrate particularly on the hospital's specialty areas, such as diabetes treatment. "We already have outstanding expertise in these areas," Lee says, "and we're convinced we can deliver these services more efficiently without compromising quality of care."

Although several Massachusetts hospitals have laid off employees in anticipation of PPS, Lee says, "We have no plans to lay off anyone. We've made very careful projections of what we expect next year, and we think the natural attrition that occurs when people transfer, leave, or retire would take care of any reduction in the workforce that may be necessary."

NEDH has applied to the Health Care Financing Administration, the government organization responsible for Medicare, to participate in the periodic interim payment system. Under this program, instead of being paid on a case-by-case basis, a hospital receives monthly payments based on its expected average reimbursement for Medicare patient care. Any difference between the payments and the actual reimbursements under DRGs is made up at the end of the year.

"With periodic interim payment, hospitals don't have to wait until all the paperwork is done on each case to get paid," Lee says. "Hospitals also are able to plan their budgets better when they know how much they will be receiving each month. Just about everyone has applied for the program, and we fully expect that we'll qualify."

In addition the hospital has been granted an exemption of its psychiatric units from PPS (such units will be reimbursed based on actual costs of patient care) and is evaluating the feasibility of additional exemptions.

Despite many gloomy predictions about the effect of PPS on hospitals and patients, Lee says, "If we are flexible and willing to change the way we do things, I think we will be all right. There will have to be changes; we'll have to think a lot about better ways to do our jobs. But I think we have the people who are capable of doing that without losing sight of our emphasis on patient care. That will always be our first priority."

Unit Coordinators

(continued from page 1)

own priorities and interacting with the unit staff and with people in other departments. Because they are the first to handle all patient orders, they are an important information resource on the busy units.

"Unit coordinators know where the patients are and what their schedules are," says Judy Dalton, Palmer 3 unit coordinator. "We provide a lot of support to the nursing and house staffs, solving administrative problems so they can concentrate on patient care. We also can teach administrative procedures to new staff members."

The ODISY computer system, first installed in 1982, has increased the speed and volume of available patient information, causing a significant increase in complexity of the unit coordinators' work. They can spend as much as 75 percent of their time at the computer terminals located on each unit.

Coordinators and the unit clerks work extremely hard to keep up with their increasing responsibilities, often staying late to get the orders finished. In addition, each coordinator works every third weekend, covering two or three units at a time.

With the implementation of the Medicare Prospective Payment System (PPS) and an increased emphasis on efficiency throughout the hospital, the role of the unit coordinator will be more important than ever before. For example, the coordinator's scheduling of tests and procedures has a direct impact on a patient's length of stay. The unit clerks also have a major responsibility in seeing that appropriate information is in the medical records — information that determines how much the hospital is reimbursed for treating Medicare patients.

"Nurses are going to be even busier than ever under PPS," says Lauletta. "By taking care of administrative details and making sure orders and instructions are properly recorded, the coordinators let nurses devote their time to direct patient care."

"Unit coordinators really add to the efficiency of the units," says Farr 7 head nurse Shirley Overstreet, R.N. Linda Denacamp, R.N., head nurse on Farr 9, says, "We appreciate their dedication and ability to work in a very hectic and demanding atmosphere. They are an integral part of the unit staff."

The job of unit coordinator is stressful, but it also has its satisfactions. "I have found the job very rewarding," says Dalton. "The sharpening of organizational and communication skills has been valuable to me in other areas of my life — graduate school and volunteer work. The most rewarding aspects are the people with whom I work — especially the nurses — and the knowledge that I am making an important contribution to patient care."

Moving? We'd like to know

Because the post office does not forward third-class mail, we need your help in keeping the PULSE list accurate. If you are moving, please inform the NEDH Public Relations Department, 185 Pilgrim Road, Boston, Massachusetts 02215, (617) 732-8046. It would be helpful if you could send your PULSE address label. NEDH employees should inform their supervisors of changes of address.

NEDH in the news

Deaconess personnel in the news during the past several months include:

• Jerome Groopman, M.D., chief of hematology/oncology, appeared on the Channel 4 evening news to discuss new antiviral drugs to treat AIDS and safe sexual practices. Groopman also was featured in a three-part Channel 4 news series on AIDS.

• J. Leighton Read, M.D., internal medicine, spoke on the impact on Massachusetts hospitals of the Medicare Prospective Payment System for the Channel 4 evening news.

• Ellison Pierce, M.D., chairman of Anaesthesia, was interviewed regarding anesthesia safety and current anesthesia monitoring techniques for television station WOKR in Rochester, New York.

Let your spirit show . . .

. . . in Deaconess ties, scarves, T-shirts, and mugs. These colorful items are designed with the Deaconess logo, a symbol of the hospital's spirit of compassionate patient care. They make great Christmas gifts for family and friends, and are an ideal way for employees to help kick off the hospital's 90th anniversary celebration in 1986.

Crimson and navy ties are 100 percent silk. Cotton T-shirts, all-silk oblong scarves, and ironstone mugs are designed in pink and gray, special colors for the hospital's 90th anniversary. All items will be available for purchase in the Gift Shop after the Thanksgiving holiday. Those unable to stop in at the Gift Shop may order by mail using the attached coupon. (Because of the danger of breakage, mugs cannot be mailed. They will be available in the Gift Shop for $5.95 each.)

Supplies are limited so order today!

Men's ties
Quantity _____ @ $25.00

Scarves (10″ × 48″ oblong)
Quantity _____ @ $30.00

T-shirts — Adult
Quantity _____ @ $ 8.00
Size S____ M____ L____ XL____

T-shirts — Child
Quantity _____ @ $ 7.50
Size S____ M____ L____

Merchandise total $_____

Shipping and handling $ 2.95

Grand total $_____

For mail orders: return this coupon with a check payable to "Friends of the Deaconess" to: Gift Shop, New England Deaconess Hospital, 185 Pilgrim Road, Boston, MA 02215.

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news in brief

J. Barclay Adams, M.D., internist, has joined the Department of Medicine.

Menelaos Aliapoulios, M.D., general surgeon, has joined the Department of Surgery.

Paul Babcock, assistant director, has been named a member of the American College of Healthcare Executives.

Richard Baptista, M.S., R.Ph., manager of Deaconess Home Health Care, spoke on current concepts in hyperalimentation at LaGuardia Hospital, Forest Hills, New York.

Stacey J. Bell, M.S., R.D., hyperalimentation team dietitian, presented an abstract on the cost effectiveness of a modular branched chain-enriched, electrolyte-free enteral formula to the annual meeting of the American Dietetics Association.

Bruce R. Bistrian, M.D., internist, has been named a fellow of the American College of Physicians.

Sharon S. Bushnell, M.D., general and plastic surgeon, has joined the Department of Surgery.

Melvin E. Clouse, M.D., chairman of the Department of Radiology, was a visiting professor at the Royal Postgraduate Medical School, University of London, England; and at Central University Hospital, Lund, Sweden. He spoke on percutaneous transhepatic removal of common duct stones and other subjects at both institutions.

F. Henry Ellis Jr., M.D., chief of thoracic and cardiovascular surgery, coauthored a paper on indications for antireflux surgery for Barrett's esophagus, presented at the Congress of the International Society of Surgery. Ellis also spoke to the New England Surgical Society on the results of anterior crural repair of paraesophageal hiatus hernia, and presented several papers at the clinical congress of the American College of Surgeons.

Frederick C. Ewald, M.D., orthopedic surgeon, has joined the Department of Surgery.

Benjamin Gerson, M.D., chief of clinical chemistry and diagnostic immunology, was appointed to the executive committee of the clinical toxicology division of the American Association for Clinical Chemistry, and to the clinical chemistry and clinical toxicology devices panel of the U.S. Food and Drug Administration. Gerson and **Mary Ann Figoni, M.T. (A.S.C.P.),** laboratory supervisor, coauthored an article on clinical comparison of glucose quantitation methods, published in the *Archives of Pathology and Laboratory Medicine.*

Steven R. Goldring, M.D., chief of rheumatology, spoke at the National Institutes of Health conference on Paget's disease of bone.

Dewey A. Harrison, M.D., radiologist, has joined the Department of Radiology as chief of vascular and interventional radiology.

Jack Hawiger, M.D., chief of experimental medicine, has been promoted to professor of Medicine at Harvard Medical School. Hawiger spoke on receptors which activate platelets and on intracardiac thrombosis to the Copernicus School of Medicine in Krakow, Poland.

Marek Kloczewiak, Ph.D., senior research associate, presented a paper on the platelet receptor recognition site of human fibrinogen at the International Congress on Thrombosis and Hemostasis. Also at the congress, **Sheila Timmons,** senior research associate, spoke on the interaction of gram-negative, endotoxin-producing bacteria with human platelets and on binding of fibrinogen and von Willibrand factor to human platelets.

Raphael C. Lee, M.D., general and plastic surgeon, has joined the Department of Surgery.

Keith Marton, M.D., chief of general medicine, has been named an associate editor of the *Journal of Medical Decision Making* and appointed to the study section of the National Center for Health Services Research. He also was elected a fellow of the American College of Physicians and spoke on principles of cancer screening at the U.S. Centers for Disease Control in Atlanta.

L. Jeffrey Medeiros, M.D., and **Frank Greco, M.D.,** clinical pathology residents; **Donna Walsh, M.T. (A.S.C.P.),** chemistry lab supervisor, and **Benjamin Gerson, M.D.,** coauthored an article on macro creatine kinase type 1 with electrophoretic mobility, published in *Clinical Chemistry.*

Richard W. Nesto, M.D., cardiologist, presented a paper on therapeutic results with calcium antagonists to the Interamerican Nifedipine Symposium.

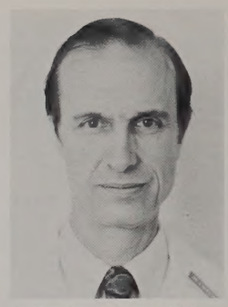
William A. Saunders, M.D., radiation therapist, has joined the Department of Radiation Therapy.

Arthur Smith, manager of Engineering and Maintenance, was appointed to the member advisory council of the National Fire Protection Association.

William H. Thomas, M.D., orthopedic surgeon, has joined the Department of Surgery.

Joyce Tower, assistant director, was elected to a three-year term as Massachusetts delegate to the American Dietetic Association.

Paul Vaiginas, librarian, spoke on the establishment of a hospital library consortium to the 10th anniversary banquet of the Boston Biomedical Library Consortium.



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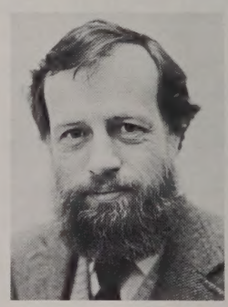


William A. Saunders, M.D.

Feyer performance will benefit NEDH

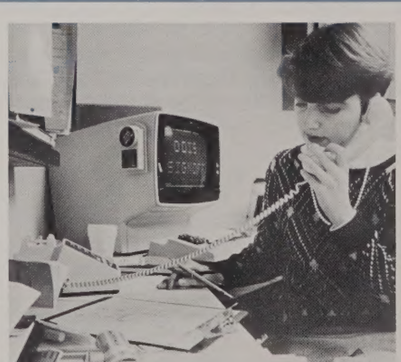
Pianist George Feyer will entertain at a benefit for New England Deaconess Hospital, held at the Copley Plaza in Boston on Sunday, December 8.

Feyer is best known for his early-50s recording "Echoes of Paris." He has been a featured performer at the Hotel Carlyle, The Stanhope, and the Waldorf-Astoria in New York. Called "the Fred Astaire of the piano" by *Time* magazine, Feyer has a broad repertoire combining the classics with Broadway favorites.

A cocktail reception, beginning at 5 p.m., will precede Feyer's performance. Tickets to the program are $60 per person. For more information, contact Laurie Taft at (617) 732-8007.

Unit coordinators handle essential information

(see page 1)



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